



Registration Form 2010/11

Name: _____

Address: _____

Home Phone: _____ **Email Address:** _____

Cell Phone: _____

In case of cancellation you will be notified via email, unless otherwise stated! _____

Class, Day & Time: _____ **Fee:** \$ _____

Class, Day & Time: _____ **Fee:** \$ _____

Total: \$ _____

'The Yoga Leaf' C/O Whimsy at 686 Worcester Rd. (Rt.9), Framingham
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